

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

509-7-20-37
I X 12004

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 19 1938

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

39516
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 408
 (b) Township Marion Primary Registration District No. 5562
 (c) City Carthage (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. Route 4 St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sophia Tucker
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 28, 1856
 7. AGE YEARS 82 MONTHS 0 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as a lawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chugler Co., Illinois

FATHER 13. NAME Jacob Tucker
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

MOTHER 15. MAIDEN NAME Drucilla Brooks
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT (ADDRESS) Glass, Tucker
Route 4 - Carthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Zaskin Cem. DATE Nov. 28, 1938

19. FUNERAL DIRECTOR (ADDRESS) Amel Mortuary
Carthage, Mo.

20. FILED Nov. 29, 1938 E. J. McIntire, MD. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 26, 1938
 22. I HEREBY CERTIFY, That I attended deceased from Oct. 10, 1932 to Nov. 26, 1938
 I last saw him alive on Nov. 24, 1938 Death is said to have occurred on the date stated above, at 3 A. m.
 The principal cause of death and related causes of importance were as follows:

Chronic myocardial insufficiency
937
 Date of onset _____
 Other contributory causes of importance:
arterio sclerosis
Senility.

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? Yes
 If so, specify _____ (Signed) Boyd B. Clifton, M. D.
Carthage, Mo. (Address)

RECEIVED

District Health Officer No. 6,

District File Number 6-38-790

Date Filed DEC 16 1938

STATEMENT BY LICENSED EMBALMER

I, J. W. Knull, Licensed Embalmer No. 814

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed J. W. Knull

Licensed Embalmer No. 814

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)